IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 49674-I
47895-C

December 16, 2014

Ms. Kerri Kofoot, Manager
Riverview Terrace
1501 St. Luke Drive
Spencer, IA 51301

RE: Final Complaint/Incident Investigation Report – Riverview Terrace, Spencer, IA

Dear Ms. Kofoot:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of December 9, 2014, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69.

Self-Report: #49674-I

Based on Tenant #1's file review, staff interviews and policy review, staff responded appropriately when finding Tenant #1 sitting outside in a transportation van. Tenant #1 was easily redirected into the Program and did not incur any injuries. Appropriate interventions were put into place, including transfer to a higher level of care.

Allegation: Tenant Rights #47895-C

Based on a tenant community meeting, private interviews with tenants, interviews with staff and inspection of nine laundry room wastebaskets, no prescription bottles were found discarded in public area wastebaskets. Three tenants who self-administer their medications were interviewed. Two of the three said they dispose of their empty containers in the wastebaskets in their apartments, which are eventually emptied by staff. One of the three tenants said they sent their empty containers home with a spouse to be recycled. Tenants stated their tenant rights were upheld, they felt safe and were not intimidated by staff. A large, locked recycle bin was observed by the monitor the Program used for all discarded empty prescription bottles. **No Regulatory Insufficiencies were identified.**

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0040	A. BUILDING. _____ B. WING _____	C 12/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW TERRACE	1501 ST LUKE DR SPENCER, IA 51301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 46 Number of tenants with cognitive disorder: 2 Total Population of Program at time of on-site: 48 TOTAL census of Assisted Living Program: 48 No regulatory inusfficiencies were cited during the incident investigation #49674-I or the complaint investigation # 47895-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE